



Serving the People of California

This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT
TAX STATUS & EXAM GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX 654-9211

DE 1GS REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS & PUBLIC SCHOOLS

D E P T U S E	ACCOUNT NUMBER						QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE	TAS CODE

A. BUSINESS NAME				OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR:		FEDERAL I.D. NUMBER					
B. ORGANIZATION NAME				NATURE OF ACTIVITY							
List all principal officers or administrators		TITLE		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER					
C. BUSINESS LOCATION Street and Number (see instructions).				CITY OR TOWN		STATE		ZIP CODE		COUNTY	
MAILING ADDRESS (In care of P.O. Box or Street and Number)				CITY OR TOWN		STATE		ZIP CODE		PHONE NUMBER ()	
D. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES				IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS							
E. INDICATE FIRST QUARTER AND YEAR IN WHICH YOU PAID WAGES. <input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July-Sept. 19__ <input type="checkbox"/> Oct.-Dec. 19__				F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS? <input type="checkbox"/> No <input type="checkbox"/> Yes							
G. ORGANIZATION TYPE <input type="checkbox"/> (SD) SCHOOL DISTRICT <input type="checkbox"/> (OT) OTHER (Specify) _____ <input type="checkbox"/> (GO) GOVERNMENTAL				H. WOULD YOU LIKE INFORMATION ON THE FOLLOWING ALTERNATE UNEMPLOYMENT INSURANCE FINANCING METHODS? <input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits <input type="checkbox"/> School Employees Fund							
I. EMPLOYER TYPE <input type="checkbox"/> (07) Public School <input type="checkbox"/> (11) Indian Reservation <input type="checkbox"/> (15) State Colleges <input type="checkbox"/> (21) Public Entity <input type="checkbox"/> (28) State Hospital <input type="checkbox"/> (08) District Hospital <input type="checkbox"/> (14) University of CA <input type="checkbox"/> (16) District Fair <input type="checkbox"/> (26) Fed-State Withholdings										NUMBER OF EMPLOYEES	
J. CONTACT PERSON FOR BUSINESS		NAME		ADDRESS				PHONE ()			
K. SUPPORTIVE SERVICES If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.) (3) <input type="checkbox"/> Storage (warehouse) (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing (4) <input type="checkbox"/> Other (specify)											
L. DECLARATION These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone () Title _____ Residence Address _____ (Officer, Administrator, etc.) Street City State ZIP Code											

INSTRUCTIONS FOR DE 1GS REGISTRATION FORM FOR GOVERNMENTAL ORGANIZATIONS AND PUBLIC SCHOOLS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying wages for employment, or whenever a change in ownership occurs. Complete this DE 1GS and file at address shown on front of form.

- A. BUSINESS NAME** — Give the name by which your business is known to the public. Enter “None” if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter “Applied For.”
- B. ORGANIZATION NAME** — Give the name of the organization under which your business operates. Give a brief description of the nature of activity performed, i.e., National Guard, Public School District, County, two year college, university, etc. Enter the full name, middle initial, surname, title, social security account and driver’s license number for each officer or administrator.
- C. BUSINESS LOCATION** — Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter “Same.” Provide daytime business phone number.
- D. PRIOR REGISTRATION** — If any part of the ownership in B is operating or has ever operated at another location, check “yes” and provide account number, business name and address.
- E. WAGES** — Check the appropriate box when you first paid wages.
- F. PIT WITHHOLDING** — Check appropriate box. If you are not sure if you are subject to monthly/semi-weekly Personal Income tax deposits, contact the local Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** — Check the box which best describes the legal form of the ownership in B.
- H. ALTERNATIVE FINANCING** — If you would like information on alternative methods of financing unemployment insurance, check the appropriate box, otherwise check NO.
- I. EMPLOYER TYPE** — Check the box which best describes your employer type. Enter total number of employees for the ownership in B.
- J. CONTACT PERSON** — Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- K. SUPPORTIVE SERVICES** — Check the box which best describes the supportive services provided by B.
- L. DECLARATION** — This declaration should be signed by one of the names shown in B.

NEED MORE HELP OR INFORMATION? Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-7041 to obtain your account number over the phone, or by 24-hour FAX service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Tax Status & Examination Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD Identification number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer’s Guide, DE 44**. Please keep your account status current by notifying TSEG of all future changes to the original registration information.